



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



November 19, 2010

Yong Li
Emerald Massage Spa
19162 Soledad Canyon Road
Santa Clarita, CA 91351

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
DIANA WOOD
SECRETARY
JAMES BARGER
COMMISSIONER
SARA VASQUEZ
COMMISSIONER

**HEARING ON APPLICATION FOR MASSAGE PARLOR-
GENERAL/SC BUSINESS LICENSE ID #137559**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, December 8, 2010 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking has been arranged for you in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Twila P. Kerr
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....11/11/2010
2ND PUBLISHING DATE:.....11/18/2010
3RD PUBLISHING DATE:.....11/25/2010

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MASSAGE PARLOR-GENERAL/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....19162 SOLEDAD CANYON RD
SANTA CLARITA, CA 91351
NAME OF APPLICANT:.....EMERALD MASSAGE SPA / YONG LI
EMERALD MASSAGE SPA
DATE OF HEARING:.....12/08/2010
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

**OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012**

RETURN TO:

**LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012**



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **19162 SOLEDAD CYN RD, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 250-4580**

OWNER OF BUSINESS: **YONG LI**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **EMERALD MASSAGE SPA**

MAILING ADDRESS: **4416 MERCED AVE, BALDWIN PARK, CA 91706**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	07/29/10	
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/22/10	
<input checked="" type="checkbox"/> 5. Public Health	YES	07/29/10	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	10/25/10	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/14/10	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	11/11/10	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/25/10	

Conditions:



Treasurer & Tax Collector
Massage Parlor - Application for Business License

Fee: \$ 1,884.00

I.D. # 137559

Type of Business Massage Parlor - General - 8430

Address of Business 19162 SOLEDAD CANYON Rd., SANTA CLARITA, CA 91351

Bus. Phone (661) 250-4580 Fax Phone (661) 250-4580 Home Phone (626) 271-5218

DBA (Bus. Name) EMERALD MASSAGE SPA

Applicant's Full Name YONG LI

Mailing Address 4416 MERCED AVE., BALDWIN PARK CA 91706

Home Address 4416 MERCED AVE., BALDWIN PARK CA 91706

SS# _____ Date of Birth _____ Place of Birth _____

State Driver's Lic. / I.D. Card _____ Exp. Date _____

Male ☒ Female _____ Ht 6.00" Wt 185 Hair Color BLK Eye Color BRN

Business Ownership Structure - Single Owner _____ Partnership _____ LLC _____ Corporation _____

Date of Incorporation _____ Incorporated in the State of _____

Exact Corporate Name _____

Name of Officers	Addresses	Title

Massage Parlors Only - Are Massage Technicians required to be certified by the State of California, when employed by this facility? Yes _____ No _____

Does your facility have a valid certification as a Massage Practitioner with the State of California	Have you provided a copy of your Certificate and I.D. card	Certificate Number	Date of Expiration
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

Date 06/30/10 Applicant's Signature YONG LI
07/12/10

Application Taken by: ME Date: 06/30/10 7-12-10
07/12/10

ZONING REFERRAL

I.D. #: 137559

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355

DATE: 6-30-10

TYPE OF BUSINESS(ES) Massage Parlor-General

ADDRESS OF BUSINESS 19162 SOLEDAD CANYON Rd,

CITY SANTA CLARITA ZIP CODE CA 91351

NAME OF OWNER YONG LI


"DBA" GYERALD MASSAGE SPA TEL. #: 626-271-5218

MAILING ADDRESS 4416 MERCED AVE,
BALDWIN PARK CA 91706

EXISTING USE YES ☒ NO ()

USE PERMITTED IN ZONE CC USE NOT PERMITTED IN ZONE _____
"APPROVED" "DENIED"

REMARKS _____



SIGNATURE OF ZONING OFFICER

7-8-10

DATE

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 19162 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 250-4580

OWNER OF BUSINESS: YONG LI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: EMERALD MESSAGE SPA

MAILING ADDRESS: 4416 MERCED AVE, BALDWIN PARK, CA 91706

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 8439

DATE 07/13/10

IDENTIFICATION NUMBER 137559

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 19162 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 250-4580

OWNER OF BUSINESS: YONG LI

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: EMERALD MASSAGE SPA

MAILING ADDRESS: 4416 MERCED AVE, BALDWIN PARK, CA 91706

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 8430

DATE 07/13/10

IDENTIFICATION NUMBER 137559

Jul. 27. 2010 8:27AM
07/16/2010 23:48

Santa Clarita FIB
6268513/58

EH SPECIAL OPERATION

No. 2391 P. 1
PAGE 03/04

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

ADDRESS OF BUSINESS: 19162 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 250-4580

OWNER OF BUSINESS: YONG LI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: EMERALD MASSAGE SPA

MAILING ADDRESS: 4416 MERCED AVE, BALDWIN PARK, CA 91706

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: Luligai H

DATE: 7/19/10

BASIC LICENSE NO. 8430

DATE: 07/13/10

IDENTIFICATION NUMBER 137559

Sep-09-2010 02:10pm
Aug-12-2010 01:01pm

From-LACOFD FIRE MARSHAL
9:15AM SANTA CLARITA FIRE PREVENTION
From-LACOFD FIRE MARSHAL

3238904055
3238904055

T-912 P.024/026 F-604

No. 2999 P. 10/12

T-930 P.023/025 F-489

107

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 189, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

NRSC

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 19162 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE: (661) 250-4380

OWNER OF BUSINESS: YONG !!

CAL DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: EMERALD MASSAGE SPA

MAILING ADDRESS: 4416 MERCED AVE, BALDWIN PARK, CA 91706

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION:

SIGNATURE:

[Handwritten Signature]

DATE:

9/2/10

137559

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

Donor
910-01009

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **19162 SOLEDAD CYN RD, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 250-4580**

OWNER OF BUSINESS: **YONG LI**

CAL. DR. LIC.#:

7/29/59
Male

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **EMERALD MASSAGE SPA**

MAILING ADDRESS: **4416 MERCED AVE, BALDWIN PARK, CA 91706**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF DEPARTMENT
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

APPROVED

SIGNATURE:

WLP *536470*

DATE:

10/18/18

BASIC LICENSE NO. **8430**

DATE **07/13/10**

IDENTIFICATION NUMBER **137559**

2000 121235000 10/12

8-11